



# Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY - For Speech & Hearing Impaired (916) 795-3240

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts that will assist you with your financial planning. See the back of this form for detailed instructions.

## Section 1

Provide the address you would like your estimated retirement allowance sent to.

## About You

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number
Birth Date (mm/dd/yyyy)	Daytime Phone	Evening Phone
Address		
City	State	ZIP Code

## Section 2

Not all CalPERS members are eligible for Industrial Disability retirement. Contact your Personnel Office for eligibility information.

## Retirement Information

Type of estimate for your retirement allowance: ☐ Service ☐ Disability ☐ Industrial Disability

Employer	Projected Retirement Date (mm/dd/yyyy)
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Are you a member of another retirement system that has established reciprocity with CalPERS? ☐ No ☐ Yes

Name of System	Estimated Final Compensation Amount
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## Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

☐ No ☐ Yes, from \_\_\_\_\_ to \_\_\_\_\_ .  
Beginning Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

## Temporary Annuity - Complete the information below to request a Temporary Annuity estimate.

For an additional temporary annuity allowance, do you elect to reduce your monthly allowance for life? ☐ No ☐ Yes

If you first became a member on January 1, 2002, or later, you elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(62 to 70) Dollars

..... or .....

If you first became a member prior to January 1, 2002, you elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(59½ or whole age 60 to 68) Dollars

If your membership date is January 1, 2002, or later, the amount of your temporary annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

## Section 3

## Individual Lifetime Beneficiary (Option 2, 2W, 3, and 3W)

Name of Beneficiary	Relationship to You	Birth Date (mm/dd/yyyy)
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## Section 4

## Survivor Continuance

Do you have an eligible survivor? ☐ No ☐ Yes

## Section 5

CalPERS will provide an estimate for standard Options 1, 2, 2W, 3, 3W, and Unmodified Allowance. If these do not meet your needs, you can request ONE of the approved Option 4 types listed at right.

## Option 4 Retirement Options

- |  |  |
|--|--|
| <input type="radio"/> Option 2W & Option 1 Combined  | <input type="radio"/> Option 3W & Option 1 Combined                            |
| <input type="radio"/> Specific Percentage to Beneficiary _____ %<br>Percent  | <input type="radio"/> Specific Dollar Amount to Beneficiary \$ _____<br>Amount |
| <input type="radio"/> Reduced Allowance _____ through _____<br>Percentage or Dollar Amount Date (mm/dd/yyyy)                           |  |
| <input type="radio"/> Multiple Lifetime Beneficiaries _____<br>Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy) |  |
| <input type="radio"/> Reduced Allowance Upon Death of Member or Beneficiary \$ _____<br>Reduction Amount                               |  |

Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

# Instructions for Completing the Retirement Allowance Estimate Request Form

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## Section 1

### About You

**Name:** Provide your first name, middle initial, and last name.

**Social Security Number:** Provide your Social Security Number.

**Birth Date:** Provide month, day, and complete year.

**Mailing Address:** Provide the mailing address where you want to receive your estimated retirement allowance.

**Telephone Number(s):** Provide your home or work number, in case we need to reach you.

## Section 2

### Retirement Estimate

**Projected Retirement Date:** List your projected retirement date. The minimum retirement age for Service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with 10 years of service credit. There are some exceptions to these requirements.

**Type of Estimate for Retirement Allowance:** Select the type of retirement estimate you want to receive. Not all CalPERS members are eligible for an Industrial Disability retirement. Please contact your Personnel Office for information on eligibility.

**Other California Public Retirement Systems:** Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please see the *When You Change Retirement Systems* booklet.

**Final Compensation Period:** Your final compensation is the highest average salary during any consecutive 12 or 36 month period. Which compensation period we use depends on your employer's contract with CalPERS. To calculate the final compensation, CalPERS takes your last day on payroll, and goes back 12 or 36 consecutive months. **ONLY** enter information for the final compensation period if you want to specify a period of time other than the last 12 or 36 consecutive months before your estimated retirement date.

**Temporary annuity** is an additional monthly income you can choose to augment your pension from CalPERS. If you take a Disability retirement, a temporary annuity is not available. The benefit is payable from your retirement date to a specific age that you select. If your CalPERS membership date is prior to 1/1/2002, you can choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 1/1/2002, you can choose age 62 to 70. You can also name the dollar amount you want to receive (certain limitations apply, please refer to the *Temporary Annuity* booklet). If your CalPERS membership date is on or after 1/1/2002, the amount of temporary annuity cannot exceed the amount expected from Social Security at the age specified, provided you made contributions to Social Security while employed with a CalPERS employer. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement benefit is reduced to pay for your temporary annuity.

## Section 3

### Individual Lifetime Beneficiary (Option 2, 2W, 3, and 3W)

A **beneficiary** is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their birth date.

**Relationship to You:** A beneficiary can be a spouse, child, friend, etc.

**Beneficiary Birth Date:** Provide month, day, and complete year.

## Section 4

### Survivor Continuation

Survivor Continuation is an employer-paid benefit payable to an eligible dependent upon your death. To have a dependent who is eligible for Survivor Continuation, you must be married or have a registered domestic partner on and at least one year prior to your tentative retirement date; have an unmarried child who is under age 18 or disabled; or have a parent dependent on you for at least half of their support.

## Section 5

### Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, and 3W). If none of these meet your needs, you can request ONE of the Option 4 allowances, as long as the amount to your beneficiary is not more than the benefit provided under Option 2W. For additional information please see the *Retirement Option 4* booklet.